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ABSTRACT

The Cornerstone Project is an application of child psychoanalytic techniques in synergy with therapeutic nursery education. The Cornerstone School and the method associated with it provide treatment for children ages three to six years within a nursery classroom group setting. A therapist works six or more hours per week in the classroom, during which time he is working with all the children in the group--five to seven children. Two early childhood educators are in charge of the classroom educational activities, which proceed throughout the sessions. Teachers meet with the therapist almost daily to share observations and communications from parents, as well as to hear the material gathered during treatment that may not have been overheard in the class session. Parents are interviewed by the head teacher each week, and the therapist meets individually with parents once a month. A majority of the children have existing emotional disturbances, but patients who come for preventive reasons are accepted and given priority. In the classroom setting, there is considerable rapid emotional growth, tendency to progress from infantile and pathological patterns of psychological function, and spontaneous expressivity. Examples are given of moments in the Cornerstone classroom, which show the method in use with a variety of children. Following this, details of the treatment of a single child are given. A set of criteria used for codifying aspects of the treatment process are appended. (DE)

ANALYST IN THE NURSERY

An Application of Child Analytic Techniques in a Therapeutic Nursery

I. A Schematic Description*

Gilbert Kliman, M.D.**

General Significance of the Project:

Since 1905, White House Conferences on Youth have revealed an enormous gap between the numbers of young children needing psychiatric treatment, and the availability of therapists willing and able to treat them. (9) With preschool children, the situation is extreme, so that in 1969 a study of psychiatric treatment in New York City showed it is almost impossible for a child under age five to receive treatment. (18) Some knowlegable wits have defined child psychiatrists and child analysts as "psychotherapists who used to treat small children," and the authors' impression is that the joke conveys some reality. Certainly the gap between the need for analytically oriented therapists for children and the actual numbers of such therapists is an extreme health resource problem. Within that resource problem is an especially severe one: the delivery of service by fully qualified child analysts--a problem caused partly by their extremely small numbers. We believe the United States probably has fewer than four hundred such practitioners, and even among those, willingness to treat children under age six is not universal.

The Cornerstone Project is an application of child analytic techniques in synergy with therapeutic nursery education, an application which might increase the efficiency of analytic time utilization, might increase the frequency with which very young children have the advantage of analytic help, and might increase the willingness of qualified persons to deploy their scarce therapeutic time with disturbed children under school age. The method also leads us to suspect that clinical effectiveness of analytic techniques applied within it is unusually good.

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Forerunners of the Project:

It has long been a tradition for child analysts to collaborate with educators. In pre-World War II decades a number of European child analysts considered experimental collaborations with educators of young children, but the use of interpretive and other aspects of analytic technique as part of everyday classroom activities did not evolve or has not been reported upon. (1) We must suspect that some teachers who have been analyzed make use of interpretations with their pupils, but not as part of a systematic treatment endeavor.

From another quarter, that of group therapy experimenters, there was an evolution of many applications of analytic techniques with adults, adolescents and latency children. (16) Those efforts tended to focus on group processes, and often lost sight of the individual patient's own intrapsychic processes. Peculiarly, because of the extremely young child's inability to play well in groups, and because of his tendency to parallel rather than interactional play, therapy of children under age six did not interest those analysts experimenting with applications of analytic methods in group settings. Or at least we suspect this developmental fact was the chief deterrent.

Forms of collaboration between child analysts and early childhood educators certainly did flourish, however. The principal form was in settings such as The Child Development Center or The Judge Baker Clinic, where a child could be in analytic treatment on an individual basis with a member of the clinic staff and also attend the clinic's therapeutic nursery school. Teachers and analysts would then meet regularly to enhance each other's work. Occasionally the analyst would visit the classroom and might make some on-the-spot interpretation to the child concerning his behavior and its connection to other of the child's mental processes known to the analyst. (14) But this spontaneous work within the reality of the classroom never evolved into a persistent, systematic effort on the part of analysts to utilize the educational setting as the principal place of work.

Generally, what psychotherapy of children under age six did occur in groups was educational therapy rather than insight-directed or analytic in aims. Therapeutic educators tended to to use analysts as consultants and supervisors, but never as daily participants applying analytic techniques right in the classroom. Two exceptions to this history are known to the authors. One project involved a child analyst working twice a week with psychotic preschoolers in small groups, without educational collaboration. (15) Another project was with six children having behavioral and organic disorders. The children were all under school age, and met weekly. The therapists used no toys or creative activities to encourage expressive play, and did not have the collaboration of the educators. (7)

Another forerunner of the current project was the development of "life-space" interviews, often conducted by analytically oriented therapists with patients being treated in residential settings. Such interviews frequently involved interpretation of unconscious processes at work in the patient's transactions with staff and other patients. Often, transference processes were noted and interpreted (13).

Still another factor contributing to the development of the current project was the established value of nursery classrooms as a natural setting for clinical observation and diagnostic evaluation. An immense amount of clinical data is reliably observed in any early childhood classroom. One can readily discern children's fantasy expressions, and gain much data about operation of defenses, by observing young children at play with their peers, interacting with teachers, and using educational materials and creative media. Such observations have often been used by clinicians to help in making clinical diagnoses and evaluating a patient's developmental status. Such data have been important in several research projects, such as that of The Child Development Center in New York City, for the assessment of criteria used in diagnosis of health and illness (11).

Yet, despite the hand-in-glove collaboration of some therapeutic nurseries and their associated clinicians, seldom is any systematic attempt made to regularly use (or even have immediately available) the daily nursery observation material for assistance of the analyst or therapist in his ongoing treatment work. Sometimes this appears to constitute an elective avoidance of the material, consistent with the analyst's attitudes toward the use of extra-analytic knowledge (17).

Similar to the collaboration between a child's nursery school teachers and his therapist, but infinitely more complicated, is the collaboration between the child's parents and his therapist. This "extra-analytic" source of information about the child, and about his reactions to and continuations of work done within the treatment sessions is believed by some to be invaluable, and by others as a source to be avoided. In most cases, the child's therapist may try to fill in major gaps in his knowledge about a child through very close contact with parents, teachers, and others. But it is often very hard to maintain adequate contact on a reliably continuous basis, and the reporting of parents is often skewed away from what could be technically useful in treatment.

The Psychoanalytic Model upon which this Project is Based:

It may be useful at this point to review some features of the practice of child analysis before the unfamiliar experiment is described in more detail. The realities of child analysis include disappointing facts. Preschool children especially do

not readily speak at length to their analysts. They are usually even less motivated than adult patients to describe their problems. Their useful spans of attention and discussion are generally much shorter than a fifty minute session. Their collaborative tolerance is limited particularly regarding confrontations from within or without of any painful affect. Their resistances often take the form of disruption-inducing actions in treatment sessions. Quite commonly preschoolers engage in destructive behavior directed against the analyst or his belongings, or overtly refuse to speak, as well as manifesting forms of resistance more common in adult work. Furthermore, the preschool child's ability to observe and meditate on his own thoughts, feelings and behavior is naturally quite undeveloped and transitory.

Yet there are compensatory "encouraging facts" about children of preschool age in analysis. Their patterns of pathological defense are often not yet set in psychological cement. Their families are often accessible for guidance. Their expressive ability is therapeutically available, and often highly spontaneous and uninhibited by adult standards. Their symbolic and affective communications, although not necessarily verbal, do emerge reliably with vigor in play, painting, story-telling, spontaneous dramatic activities, and social interactions.

The psychoanalytic model for treatment of a young child requires the work of child and analyst together several times a week. The treatment is usually done in a room with suitable materials for the expression of a child's fantasies in his play. The child is encouraged to play associatively. The analyst participates partially as an observer, questioner, clarifier and interpreter. The analytic process often involves verbal confrontation with and interpretation of play activities, including resistance and transference phenomena. A great deal of additional material sometimes comes into the analytic process other than by way of the child's play and speech. It usually comes through contact with mother, father, teachers and others. The play and verbal associations of the child in treatment are sometimes related by the analyst to the material coming from outside the session.

Unfortunately, in the analytic situation, it is sometimes necessary for the analyst to play the role of a limiting person when the child goes too far, and when interpretation does not limit destructive or self-destructive behavior in the playroom. The analyst tries not to be limiting, parental, or punitive, but instead to be sympathetic, empathic, observing and interpreting. He attempts to facilitate the child-analyst personal liaison in the service of understanding the child's behavior and fantasy. Transference is cultivated and interpreted, and transference neurosis phenomena are prized as material for analysis. Further, all the repertoire of adult analytic technique may be brought to bear with the preschooler. Dynamic, genetic, topographic, economic and structural points

of view emerge in the work. Behavior and character change as well as symptom eradication and insight are expectable consequences of the work.

The privacy of interpretation and of the analytic situation is important for children, or so we have thought in the past. Analysts tend to preserve privacy carefully, not bringing to the parents' attention specific material (although general material related to parent-child interaction can be discussed with parents). The decision of where one draws the line of confidentiality in treating children can become complicated, particularly with very young children. In a pure situation, parents are seen primarily as sources of information, although analysts do give guidance and usually intervene especially to prevent new pathogenic parent-child interaction. Often the parents are referred for their own treatment to other therapists.

Considering the above as a sketch of our general model of the basic and pure child analytic situation, let us look at the situation of applied psychoanalysis in the Cornerstone Project and compare it to this model.

The Cornerstone Method: Its Immediate Origin:

As part of the already well-established tradition of collaboration between educators and child analysts, when a preventive program for young orphans and other emotionally distressed children was established in 1965 at The Center for Preventive Psychiatry, an analytically supervised therapeutic nursery was the first unit. The child analyst who supervised the first nursery school teachers made it a custom to evaluate each child before he entered the Cornerstone School, as the unit was called. The analyst thus had some rapport with each of the patients and their families. Then, as part of his supervision of teachers, he came into the classroom to observe several hours each week.

It became evident within the first few months that each child continued to relate to the analyst intensely. Several of the children continued to talk to him about their symptoms. Several had marked reactions to the analyst's arrival and departure. They would speak of him after he left, and also at home. Some reported dreams to him in the classroom. Marked thematic continuity of communications was evident.

After a few months the analyst began to cautiously act on his suspicion that a process akin to his usual work with young children might have started to occur. He was then in the final months of his own training as a child analyst, and began to apply right in the classroom setting the techniques he had learned to use with children seen in the privacy of his playroom. Discussing the initial observations with one of his

supervisors*, it appeared that a number of features of analytic treatment of young children were indeed discernible. The experiment was then pursued not only for its possible clinical value, but also for the scientific value of learning what phenomena would occur from the application of standard child analytic techniques with individual children in the very non-standard situation of a therapeutic classroom group.

The experiment became an application of child analytic techniques in a congenial, seemingly natural situation, a situation which became a vehicle and facilitator of treatment, perhaps.

Basic Features of the Cornerstone Method:

The Cornerstone School, and the method associated with it, provides treatment for children ages three to six within a nursery classroom group setting. A therapist works six hours or more per week right in the classroom, one and a half hours a day, four days a week. Two early childhood educators are in charge of the classroom educational activities, which proceed throughout the session, usually two and a half or three hours a day, four days a week. The teachers conduct a full scale educational program, according to each child's developmental status, encouraging learning in all forms appropriate to the children's abilities, with a warm socializing process very much in the foreground. Up to seven child patients comprise the classroom group. Parents are interviewed by the head teacher each week, individually, and the therapist meets with parents once a month, individually. (Subsequent articles will describe the teachers' functions and team interactions in more detail. This account is skewed more to the work of the therapist.)

A majority of children taken into the school have existing emotional disturbances, sometimes quite severe, but patients who come for preventive reasons such as in bereavement, are accepted and even given priority.

Each of the "encouraging facts" noted above about patients of preschool age can be observed in the Cornerstone School (or regular nursery and kindergarten classes at times). In the classroom setting there is much rapid emotional growth, much tendency to progress from infantile and pathological patterns of psychological function. Spontaneous expressivity by many media is commonplace. Symbolic communications and associated affects regularly and vigorously emerge in classroom dramatic play, childish art, story-telling, original games and social interactions with the teachers and other children in the class.

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*Marianne Kris, M.D., whose continuing supervision, discussion, and devoted interest in the project have been of substantial help in its development.

The Cornerstone Method promotes some dichotomies of a very clear sort between the roles of therapist and educator, and some sharing of roles. The teacher makes no interpretations in the sense of any sharing with the child of any insight she may have concerning the unconscious sources or connections of his behavior. That role is left as strictly to the analyst as when the child attends any other school. The teacher has a clearly defined role of educational, impulse channeling and disciplining person. This role in the midst of a treatment situation which liberates children's impulses is a very demanding one, and one which the analyst is glad to have performed by an expert. The analyst (or analytically oriented therapist) is relieved of even such role as he might have to play in the individual office because there are teachers on the spot to be educators and channelers or restricters of a child's energies when needed, right on the spot. Often more important than the channeling of aggressive or erotic impulses liberated by an interpretive process is the opportunities educators immediately provide for dealing with instinctual derivatives, defended against processes, particularly those many manifestations which become rapidly converted into healthy curiosities and ardent desires to acquire skills. The teachers are literally on hand when a child is ready to learn, to build, to create, to emotionally grow by the numerous routes of education which had only been closed to him by internal obstacles now being removed.

The analyst or analytically oriented therapist using the Cornerstone Method is present only ninety minutes during the school day. What goes on after he leaves is in a sense "extra-analytic," but in reality appears to be a continuation of the treatment work much of the time. Because of his regular conferences with the teachers, the analyst has a great deal of knowledge concerning those many hours a week the child spends with his teachers outside the analyst's presence. Even during the analyst's presence in the classroom, since he can work with only one child at a time, there is much he does not observe about the other five or six children. A great deal of observation by the teachers is funneled to the analyst right on the spot. A particularly "ripe" or "clear" bit of play, or one the teacher believes the analyst will want to know about for any reason, is sure to be conveyed to the analyst within a few minutes if he is still in the class. Often such a communication follows his working with a child, and he may go back to the child having additional information which helps to deepen the previous work. Nothing which occurs in the classroom is considered truly "extra-analytic." Whether or not the teachers believe the analyst will wish to know a particular detail on the spot, they summarize each child's behavior for the analyst several times a week, so he can use their observational powers for his own purposes in a very fresh way--often to sharpen his thinking rather than for direct use with a child.

The teachers, in addition to being busy educators, function as receptive persons. They not only bring received material to the therapist's attention, they actually encourage, as good teachers will, children to express their fantasies in educationally appropriate ways, to channel their interests with the multiple media of the classroom which always allow alert teachers to receive messages direct from the child's unconscious as well as conscious functions. This receptive ability does not require that the teachers be analyzed themselves, and most Cornerstone teachers have not been. But cultivation of the receptive ability requires, close, supportive supervision by the therapist, and a deep sense of "teamness."

The teachers have a receptive role with parents as well as with children. As with the children, they multiply the time the classroom therapist can spend in the treatment process--by being his eyes and ears, and working under his supervision. Meeting weekly with each parent or family, the teacher learns about family current events, expands knowledge of the child's past development, and funnels this information to the therapist, who meets only once a month with each family.

The treatment sessions are at least as frequent as in individual analytic treatment. But the therapist is available for a longer period of time. The Cornerstone therapist has up to five sessions a week in the classroom. In an average week he spends six hours in the classroom. If one divides these six hours by the number of children in the group--usually five to seven--one will find that the Cornerstone therapist spends far less time directly with each child than in regular analysis. He averages an hour with each child a week. However, the Cornerstone therapist may have brought to his attention an amount of communicative play and fantasy material equivalent to or greater than in regular treatment. This material is funneled to the therapist on the spot by the classroom teachers. By being in the classroom with all patients for six hours a week and knowing much about what happens in the hours he is not present in the classroom, the Cornerstone therapist is able to follow unconscious trends for greater than usual periods of time.

It may be that in one Cornerstone day a great amount of time will be spent with one child, and a relatively small amount with another child. This will reverse itself. There may be brief contacts for periods of time, then a moving away to another child, and then coming back again repeatedly during the usual 90 minute participation by the therapist. We will later discuss countertransference, including counter-resistance, and what dictates the therapist's moving towards a child and moving away from him towards another child. Dealing therapeutically with resistance and counter-resistance in the presence of multiple action, play and educational process might seem at first to be an unlikely task.

Some things will be missed in the classroom. A child may express an important bit of play, with an important evolution of a fantasy behind the therapist's back. There is, however, a good chance this communication will be picked up by one of the two teachers, as they are very often involved in such evolutions. We are pleased and surprised by the continuity of fantasy material which is brought to the therapist's attention by teachers regarding these "indirect" and "out of the therapist's hearing" sequences.

What of a child's need for privacy? We have found a child rarely requires privacy with the therapist in discussing any fantasy, behavior or concern. It is understood that everyone is in treatment and also that the material brought to the attention of the teachers will be then brought to the attention of the therapist. Occasionally, as with one child who was soiling, and with another child who needed to have an exclusivity of contact because of the nature of his relationship with his younger brother, a child will ask to speak to the therapist privately. This can be done in a corner of the room. Once the child has seen that privacy can be obtained, it is interesting how rarely he utilizes the opportunity.

The fact that all children are in treatment for some problem tends to facilitate acceptance of treatment. Children talk with other children about treatment work just as they otherwise speak intimately and play intimately with other children. It may be that they hide this material from parentally inquisitive adults, but it is our experience that they do not hide it from the nursery school teacher (particularly non-critical, non-intrusive, receptive ones).

The Cornerstone nursery classroom is set up in a standard form, and regular nursery classroom activities are constantly going on. As in a regular nursery, activities are often structured by invitation of the child's interest, rather than by imposition. Play dough is generally available, as are other creative materials. A phonograph record may be on at one point. Cookies and juice are available when the children want them, but we tend to have a regular cookie and juice time. Yet surprisingly, resistance is apparently not much increased by the availability of regular educational activities. Children in need of retreating, withdrawing or avoiding treatment material do so by turning themselves to educational and social activities. Yet, these activities in turn, have a communicative and expressive function which increases the therapist's understanding of each child. With older children emerging into latency, the use of educational and social retreats from the therapist is seen more. This process is equally the case in regular individual treatment as children reach latency age, particularly when they are sufficiently intact to function at that level.

Sometimes other children will be "used" to avoid or resist treatment work. This seems equivalent to resistances regularly seen in the form of acting out in and outside the regular child analysis situation. On occasion there will be a synchronized similarity of these resistances or defenses on the part of several children, especially when there is much separation anxiety, or in response to shared external factors such as the sickness of a teacher or classmate or a vacation. At these times we can interpret to several children almost simultaneously but still individualize the remarks so as to keep clear to each child the individual nature of the work he is doing with the analyst.

It will be apparent from the above account that the preschooler's frequent refractoriness, short attention spans and short spans of tolerance for distressing emotions are not likely to "waste" the time of the Cornerstone therapist. He can move to another child and return to the first child later in the same session when the child has recovered the capacity to more fully participate in the treatment work. We have reason to suspect that the Cornerstone child who seems resistant to full continuous participation with the therapist can continue the treatment work internally, or in social play, or with a receptive and non-interpreting educator. Then the child can return for still deeper work, either moments or an hour later in the same session. Resistance is interpreted whenever possible--and therefore frequently. But the ready availability of alternate channels of communication (social action and conversation with teachers and peers) is highly syntonic with the developmental status of preschoolers. It may--like the easy atmosphere of a good nursery--be more congenial to the long term collaboration of a very young child than the usual analytic situation. By its congeniality and ego syntonicity, it may evoke somewhat less than usual resistance--particularly during early stages of work.

It may now be seen that in six hours a week the analyst or therapist has met with six children, each of whom experiences his influence in the classroom all of those six hours and for the many hours he is not physically present. The analyst has thus become a catalyst for an internal process which goes on--hopefully--with a frequency and duration he could achieve only if he saw the same six children several hours a week, each. He might require twenty-four sessions to achieve such exposure to six children. Then, to see each of their families once a week would increase his work burden to thirty sessions weekly with those six children. Using the Cornerstone Method, hopefully, something of a comparable degree of treatment depth might be accomplished in a much shorter time. Counting many conferences with teachers, absolutely a requirement in the first years of the method's use, and usually going on four or more hours per week, the analyst can hope he is saving at least half the time required for analysis of six children, and perhaps much more,

but only if the treatment is truly comparable to analysis in its modes and effects. That, of course, is a question to which we must return repeatedly, and for which some special methods of inquiry will be presented in later sections.

Having given a schematic description of this new application of child analytic techniques, we can now turn to illustrative moments--showing the method at work with a variety of children, then study it at work with a single child, then return for a scrutiny of the special role of the educators who work hand in glove with the children's therapist. More than a few publications will be required, and the patience of the reader is needed for the unfolding of this kaleidoscopic world, not often seen except by those therapists who have been themselves in the nursery.

ILLUSTRATIVE MOMENTS IN THE CORNERSTONE CLASSROOM:

The following are examples from the Cornerstone classroom. We cannot at this point give the background of the many children involved, or the course of treatment, but rather will depict the functioning of the Cornerstone process at cross-sections in time.

The "morning group" children arrive at 9:00 a.m. and stay until 12:00 noon. The therapist and teachers are there to greet them. Each child is usually brought by a mother, sometimes in a small carpool. The opening moments are invaluable for noticing a child's mood in the way he leaves his mother and greets his school therapists and fellow patients. Parents are able to say a brief word to the staff about current events or facts before class work formally begins.

One day Leon was surly. His father brought him and mentioned to the analyst, while in the doorway, that Leon had wet his bed that night. The information reverberated in the analyst's mind with memories of previous episodes of Leon's bedwetting, usually connected with arguments between his strife-ridden parents. The previous day the head teacher had her weekly conference with Leon's parents, the M's, and learned of a furious quarrel to which Leon had been witness. She had already informed the therapist briefly of the events.

At first Leon refused to enter the classroom, but Mrs. G., the head teacher, coaxed him in. The therapist who was with Teddy now, was chatting with Teddy about a bird house which the child was continuing to make for the third session in a row. He remarked to Teddy concerning the care being given to making the house strong, and how Davi[illegible]so had taken care to feed birds outdoors the day be[illegible]was being like a parent who takes very good care of a family of children.

Ted and the therapist discussed how much the bird-housing, feeding and caring for was related to the temporary absence of Ted's father, to Ted's previously experienced fantasies of possible abandonment, and to an episode of nightmares Ted had during another temporary paternal absence. For the next few moments Ted glued the roof quietly, not spontaneously expressing his mental contents.

The therapist utilized Ted's quiet moments to remark to Leon, without leaving Ted's side: "It's another one of those upset days, Leon, when you can hardly face being with us. . . Maybe I can help you better now because you and I know more about your troubles now." Leon interrupted here and told the therapist, "Come to the fireplace, Dr. Kliman."

Because Ted was quiet, and seemed unlikely to resume useful communication at the moment, the therapist said, "Ted, I'll be back soon and talk with you more about what's on your mind. Meanwhile, I'll be with Leon."

(In early weeks the therapist's transition from one child sometimes led to resentful feelings being vented by the child. These responses were interpreted as they arose. The patients began to appreciate the motives for transitions, which generally occurred when ability for further work with the therapist was at a low ebb. The child himself would realize he could not pursue the point further.)

Going with Leon to the fireplace, the therapist helped the child light some wooden sticks, and then listened to Leon's story of the "people" (play dough figures) he was "melting" and "killing" in the fire. Leon imagined how very hot the people must be, and the therapist commented on how horribly filled with hot feelings they must be. He made a gentle allusion after a while to how somebody might even think of cooling the hot feelings with water, like a fireman, and also alluded later to the fact that the fire might be special for a boy who--like Leon--has a Daddy who is a fireman. Leon described the people as arguing, and said he hated the people. As the people were burning, dying, being melted, the therapist mentioned the argument of the night before. Leon began saying that once his

Mommy had beat his Daddy up. Then Leon could not proceed. He grew so restless that the therapist suggested the feelings and ideas could be talked about some more in a little while or whenever Leon was ready.

While a teacher (summoned by the therapist) came with another child to help Leon with the fire, the therapist moved on. Twenty minutes later in the session Leon resumed working with the therapist, picking up the theme of the episode of parental fighting. He spontaneously added that the fight he remembered (when Mommy beat Daddy up) was when the family moved. (The therapist already knew that was over a year ago.) He then gave an association related to the morning of the day of the session. He had "scared sister Natalie (his baby sister, age eighteen months) this morning--put a blanket over her head when she was in the crib. . . That made her feel lost. She didn't know where she was." The therapist interpreted that on the day his parents were fighting a year ago, Leon had felt lost because the family was moving to a strange place. He must have felt like he didn't know where he was, and even whether his angry parents would take care of him. When his parents screamed at each other last night, that must have made him feel lost again, last night. He wanted to feel like the boss of that lost feeling, so he made Natalie feel lost. Then Natalie didn't know where she was, and she was scared, but Leon didn't feel scared. He felt like a boss. Leon responded with rapt attention, and played at covering a girl doll with a blanket, not verbalizing further. In the next few days he made further intellectual progress, important for this child whose presenting problems were largely those of intellectual inhibitions. He questioned his parents probingly about the death of his grandmother.

Many transitions to and from working with the therapist are actively induced by children themselves rather than elected by the Cornerstone therapist:

Jay announced that he saw a lobster on a recent vacation, and the lobster tried to pinch a child's behind. The therapist said, "A child could have many thoughts about what happens if a lobster pinches his behind." Jay responded that he would think the lobster would "pinch off his peenie and then he would have to make a wee-wee from his poo-poo." The therapist reminded Jay that his ideas about a boy losing his penis have been ideas about "pinching" in the past. Some of the games he played had been about dangerous cracks in the floor which "pinch people" and about doors which pinch people's fingers.

Then Jay literally walked away from the therapist, seeming to feel a need for distance. He did not abandon the theme,

however. He walked to the block corner and began to construct a "lobster" out of blocks, about seven feet away from the analyst.

The therapist took Jay's walking away and his cessation of verbal communication as a signal for momentarily easing his direct activity with the patient. So he said to Jay, "It must be hard to continue now because the pinching lobster thoughts are upsetting."

The lobster construction kept on. The therapist meanwhile worked more with Ted, but could still see Jay, and returned later to hear what the fantasy now concerned. The child's defenses had been respected, their existence noted to and for the child, and the therapist had fully and efficiently utilized his time in the interim.

DETAILS OF A TREATMENT

Having sketched some of the ebb and flow of treatment in the group, we can now focus on one patient. It would be most instructive to deal with a well-established treatment. For that purpose, the case of Jay was chosen.

The first five days of his second Cornerstone year (1966-7) are reviewed as a sample of treatment work with Jay, a formerly aggressive and transvestist boy, now five years of age. Jay was then entering the Cornerstone morning treatment program for the tenth month. He was also attending kindergarten in a public school, in the afternoons. At that point, three other children were entering the Cornerstone treatment program in his group--all for the first time. The following material, from Jay's work in the classroom on those first five days, is illustrative of treatment continuity. The material reveals the strong thrust of unconscious trends and themes, the accessibility of those unconscious trends and themes in the classroom setting; and the easy way in which a child's classroom activities become interpretable, thematically continuous and elaborative.

Year 2, Day 1: Jay expressed a fantasy that he had seen a certain Cornerstone child, no longer in the group, and that the former classmate was in disguise. The disguised child, he thought, was attending the local public school, which Jay now also attended in the hours he was not at the Cornerstone School.

The therapist responded to two elements in the fantasy. First he dealt with the theme of disguise, reminding Jay that being in disguise, like a boy disguising himself as a woman, was a familiar idea in Jay's mind. Then he dealt with the idea of an old friend being in Jay's public school class, and how the idea of his old Cornerstone friend coming to public school with

Jay was an idea which was not real but was needed to make Jay feel happier and less lonely in public school.

Year 2, Day 2: Jay entered a fierce verbal competition with C., claiming, "I'm very smart," and trying to overwhelm C. with an explanation of what happens "when two chemicals get together."

The therapist made a pre-interpretive remark, emphasizing to Jay that Jay had a lot of feelings about the idea of being smarter, and knowing things about the chemicals getting together, and that Jay felt this was important.

Jay responded with telling C. and the therapist that he had a collection of his (deceased) father's valuables, and in a few minutes he added that he wished he could "be" a certain uncle.

This was Jay's first expression of a desire to identify with a grown man, and represented an important progress.

After the therapist left the classroom, the teachers (as usual) continued working with the children for an additional hour. During that time they served as recipients or observers of a fantasy which was apparently a continuation and deepening of the masculine identification theme earlier expressed:

Jay lay down on the floor saying, "I am dead." Although somewhat aware of the connection of this play to the earlier talk Jay had with the therapist about his father, the teachers made no interpretation. Their role was to encourage the expression, and to report it to the analyst before the next session. They also took note of the fact that Jay claimed to be "dead" when his mother arrived to pick him up and go home.

Year 2, Day 3: Early in the session Jay told the therapist he was not feeling well, had a stomachache and had gotten it when coming to school. Asked if he thought it might be because there was something on his mind which came up when he "thought about school and the things we work on together here," Jay said, "That's right, there are a lot of things on my mind all night and I don't want to talk about them but they bother me." Jay soon revealed he heard a loud noise last night when he was falling asleep. He thought it might have been "an unidentified flying object," and gradually unfolded the fantasy that creatures from outer space had come into his backyard. Perhaps they had come from Venus. If he could have gone out to see, maybe he would have found them, and they would have "antennae on their heads and be mean."

The therapist commented that, "although they were scary creatures and your idea was they were mean, too, a boy who is lonely at night and even lonely in public school in the day, and a boy who thinks his father is in outer space (confirmed by Jay at this point--"like in heaven"). . . . a boy like that might sort of hope and sort of fear that an outer space man would visit his backyard."

This communication, which contained in it an interpretation of the child's loneliness for his father and a symbolic communication about the "backyard" specificity, was followed by play which the child directed to the "backs" of two other people in the class.

Jay expressed considerable interest in a male classmate's behind, which he tried to smear with play dough, and kicked a lady teacher in the behind (rather tentatively). He wondered whether a certain toy rhinocerous would break easily.

The therapist spoke to Jay about the rhinocerous thoughts and the thoughts about the boy's behind, saying that Jay was worried about the boy getting hurt in his behind and the rhinocerous getting hurt in the front, and that perhaps Jay was worried about a boy who wanted to stop being lonely and wanted to do things closer to other people by putting fronts and behinds together, and who worried about what would happen then, and whether fronts and behinds could get hurt that way. (This work was made easier by a basis in the treatment six months prior, when Jay's poking of other children in the anal regions had been worked on partially from the point of view of penile penetration of the buttocks as the content of the poking with a stick.)

As an apparent response to this interpretive work concerning the rhinocerous front and the boy's behind and front, Jay made an entirely different kind of block construction than he had ever made in the many hours of block play noted during the previous year of Cornerstone work. He made a building which was sturdy, instead of shaky, solid instead of slender and topply. He insisted it must be "very strong and very tall" and wanted help whenever he was uncertain as to his own ability to accomplish these goals. Giving Jay a minimal amount of help, and keeping up a "patter" of discourse with him, the therapist commented on how opposite this building is from a rhinocerous which can break easily. The building then became a kind of garage in which a truck came and brought cement. The matter of the right size opening for the truck absorbed Jay for several reflective minutes. He called a teacher to admire the building, "See how big it is. It's taller than the chair."

Year 2, Day 4: Jay drew what looked like the outline of a man with a large penis. But he could not talk about the drawing, or acknowledge even the fact that it was a drawing that looked like a person. He soon became involved in breaking a special kind of felt tipped marking pen, and had to be restrained by one teacher from a rather vigorous attempt to smash the instrument. (The therapist observed but did not physically intervene in this action, having the advantage of the teacher's availability thus being able to preserve a purely interpretive function without disciplinary role.) The therapist commented on Jay's trying to tell us something about his troubles, connected with the troubles he told us yesterday, about things which break. He made a sympathetic remark to Jay about a walkie-talkie antennae which Jay had--upon entering the classroom--told the teacher his younger brother had broken. He hoped Jay could talk more about the problems that were really very hard to talk about.

Jay used a crocheting needle which was available as part of classroom equipment, and demonstrated some crocheting tricks to other children--who were duly impressed. He complained that his mother did not permit him to crochet because she said only girls should do it. Jay's competitiveness with C. was less evident than it had been for a few days, and he confined himself to disputing one of C's remarks. It was a remark of considerable significance to Jay, for C. had said, "People don't go away forever." Jay said, "People can go away forever." He was not only insistent that C. admit the error, but also was upset to the point that he became unable to tolerate his own failure in gluing together a three-sided wooden structure whose purpose and nature he had not yet verbalized. (He returned to completing the structure only after the therapist left.)

The therapist engaged Jay in a discussion of how nice it would be if people did not go away forever, acknowledging that Jay knew sometimes people did not come back. The therapist mentioned a maid, one of a string of "missing maids," the one who had most recently departed the home; and Jay expressed his belief that this particular maid would come back taking the same view about another maid who had been gone even longer. The therapist added that he "wondered if sometimes a child whose father had died might hope that the father would come back somehow." Jay replied seriously, "No, that can't happen. . . . once he's dead." He seemed relaxed at this point, although an agitated state had preceded these remarks. The agitation was absent the remainder of the hour and a half the therapist was there.

Year 2, Day 5: Jay played a game of "killing" his closest companion in the class, C. Then he made up a story that C.'s ghost and Jay's own ghost were playing together. His own ghost was "a very angry and scary ghost."

The therapist left the classroom, his ninety minutes of work being over. But the teacher was able to continue eliciting from Jay this expressive fantasy, functioning in the receptive role the therapist himself might have performed with the child.

Jay went outside to join a teacher and Mary, who were playing in the yard while other children were having juice indoors. Jay played in a deep hole for about ten minutes by himself when he called to the teacher, "Please stay here." She sat a short distance from him, while he lined up some flexible dolls which he draped with colored straws.

Having established the identities of the dolls as members of a family, Jay described the father as a very kindly man. The boy child would say to him, "May I go horseback riding, Daddy?" "Certainly," was the reply. "Oh, thank you, Daddy." "May I go swimming?" "Yes, certainly." "Oh, thank you." "May I fly a plane?" "Yes, certainly." "Oh, thank you." "May I drive an automobile?" "Yes, certainly." "Oh, thank you."

The straws became atomic rays the dolls were shooting. The father doll came forth to save other dolls, who were being "attached by atomic monsters." Jay then found a worm, which seemed to be dead. He let out a shriek, and said, "It's a cobra! Mommy, look, it's a cobra."

The two figures next to the mother doll were now designated as "a nurse" and "a magical sister." The nurse was said to also have a "little girl."

Jay exhorted the father doll, "Daddy, Daddy, it's a cobra. Save us!" Daddy was able to kill the cobra, even though it bit him. A number of dolls were bitten by the cobra, and buried one by one--all except the father.

The father then had sticks attached to each leg and became an airplane which flew around trying to slay atomic monsters. The atomic monsters were dropping dust on the figures below, and also attacked the father. He became wounded, fell to the ground, but was all right and got up. He flew around attacking atomic monsters and managed to kill them all, although he was struck and fell crashing to the ground several times. Finally, the father went over and unburied every one of the dolls. As he unburied the last one, he pulled the dirt off it with an announcement: "EVEN YOU (are saved), YOU WITCH MOTHER!"

Discussion: Certain of the above material might not have been so readily available in analysis conducted in a traditional playroom setting. (The poking and smearing of other persons' anal regions; the discussion with C. of people who don't come back; the visible display of competitiveness with a peer.) The frequency with which interpretations could usefully be made on five consecutive days compare favorably with child analysis. The patient discussed fantasy (a child in disguise) which led the therapist to interpret affect (loneliness). Interpretation was responded to by elaboration of the theme (in terms of an UFO fantasy) and further interpretation of the associated loneliness--affect was possible with cogent reference to the child's history (death of father) and current wishful state (wish for father's return). Some connections between the child's play activities and his sexual identity concerns were clarified for him (fear of breaking the toy rhino's horn connected with fear of what happens to boys' fronts and backs), and there was an associated change in symbolic sublimative activity (building sturdier buildings).

By the end of five days it was clear--with the help of teacher observations--that Jay regarded his mother as magically responsible for the father's death. The patient seemed ready to "go deeper," and the therapist would not expect more of a child's therapeutic work in a comparable period after ten months' intensive treatment.

Summary of Two Year's Cornerstone Treatment: Case of Jay

A child treated by the Cornerstone method is certainly not in a regular form of child analysis. The purpose of this section on one child's history and treatment is to consider the hypothesis that in some ways Jay's Cornerstone work had features of a child's regular psychoanalysis. Other than those features, many parameters are evident. But the varying parameters are not our focus at this point.

The hypothesis that one form of treatment has features of another is one which has seldom been asked in a systematic fashion with the idea of replication of judgment in mind. There has been no organized effort known to the author by which one analyst's judgment of the existence of features of an analysis has been systematically submitted for scrutiny by others. There are no "manuals" or published "criteria" by which an "objective judge" can be guided in deciding whether a treatment being described by a psychoanalyst is truly psychoanalysis. The problem is also more difficult to consider for children ages three to six than it is for adults or older children.

As a preliminary approach, one of the authors (G. K.) developed a set of criteria. Although a detailed discussion of those criteria is not suitable for this limited presentation, the essential features are appropriate to list.* They are based upon a definition of child analysis as being a treatment method generally like analysis of adults. If successful, the child's analysis will by this definition elicit unconscious material; produce insight into major current and past problems or symptoms; produce transference phenomena; produce transference neuroses; give the patient marked increase of choice in behavior; and produce symptomatic, behavioral and characterological improvement.

The criteria may be divided roughly into three groups, called "Criteria of Preparatory Stages"; "Criteria of Deepening Analysis"; and "Criteria of Well Established Analysis." These will be returned to after a brief presentation of Jay's case.

Jay was four years and six months old when his parents first sought analytic help for him. He entered treatment one month later. His parents had been advised by his regular nursery school to seek help because of Jay's dangerously wild assaults on other children with sticks and rocks, and because

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*The criteria are also outlined in an appendix to this article.

of his persistently feminine dressing up activities and effeminate actions in the classroom.

History revealed that Jay had been dressing up in feminine clothes since age two and a half, beginning with a persistent interest in his mother's high heeled shoes. At that time he already knew that his father became angry about his interest in wearing his mother's shoes, but that his mother would tolerate the play--which extended in her presence to an increasing array of pearl necklaces, dresses, pretend gowns, and use of eye shadow and lipstick. His body movements at home would take on a feminine quality, particularly with hip swishing as he pretended to be a queen, princess or witch while draped with towels or sheets. This girlish-womanish behavior was well established during his mother's pregnancy with Jay's younger sister, two and a half years younger than Jay. At the time of Erica's birth, Jay began to be aggressive both to other children and also to himself. Sometimes he would run outdoors only in pajamas during freezing weather. He also began having a sleep disturbance, and became cruel--hitting, poking and later throwing objects at his baby sister. He could not play with other children without poking, bullying and eventually losing their companionship.

At times during Jay's infancy his mother suffered from an urge to pinch his buttocks, and occasionally could not restrain herself from squeezing so hard that black and blue marks were left. Sometimes while this pinching occurred, she clenched her teeth so hard they chipped. She would also say "Mine" while grasping the boy's buttocks, when he became a toddler. A feature of early identification with his mother was that as a toddler Jay would run about pinching his behind, saying, "Mine!"

Jay made a marked recovery from each of his presenting problems during 18 months (240 sessions) of treatment in The Cornerstone Project. His effeminacy, transvestist tendencies, and wild aggressive behavior were relieved. He was able to play with other children, go to a regular first grade, and continue with the therapist in a regular treatment. He appeared to have begun to develop adequate masculine identity.

Now, taking up Jay's Cornerstone work in regard to the previously mentioned "Criteria": (a) In respect of "Criteria of Preparatory Stages," evidence of these criteria was found abundantly in Jay's treatment. Evidence of the patient's understanding that the therapist's work was to help him with emotional problems was noted even in the initial session, in which he dreaded that the therapist would make him talk about how he touches his penis. Later Jay advised his baby sitter that she would feel better if she "could talk about troubles to an analyst like Dr. K." and also urged other children in the school

room to tell the therapist about the trouble when Jay noticed the children were upset. "You know he can really help you. You are doing what I used to do (hitting other children), and I didn't have any friends. Now I'm starting to get friends, and he can help you with that trouble."

When the therapist observed an interpersonal action of the patient and shared the observation with him, this sometimes led to communication of relevant inner life through words or highly communicative and sublimated play. For example, when Jay came in and furiously hit and threatened to spank another child, the therapist told Jay he had noticed this activity. When several such observations had been shared, the therapist explored with Jay the possibility that there were feelings inside Jay coming out now that were part of what happened to Jay earlier that day or in the past, instead of belonging to just now. Jay then discussed how his mother was angry and had spanked him. The child then inspected with the therapist how Jay's words and the sound of his voice and his actions were like his mother's. Later such evidence of identification with his appressor-mother was part of the construction of interpretation of his transvestist behavior.

The patient brought into his treatment material concerning numerous fantasies, several dreams, and numerous historical items relevant to his anxieties, guilts and current problems.

Transference phenomena included angry reactions to the therapist's departure, and sometimes to the therapist's arrival.

He sometimes told the therapist that he loved him, and sometimes that he hated him. He tried to sit on the therapist's lap, and sometimes slipped by calling him "Daddy" and sometimes "Mommy." He was intensely curious about where the therapist slept, with whom, and how many children the therapist had. He had seen the therapist's wife and told the therapist that she was "ugly and stupid."

Jay's father died very unexpectedly, after Jay had been in treatment for six weeks. At that point, in the first post-bereavement session, Jay became furious with the therapist and threatened to kill him.

A possible transference neurosis phenomenon occurred shortly after the father's death. Jay, who had come to believe his mother was dangerous to men, and whose neurosis was partly founded upon a dread of female genitals, expressed numerous hostile fantasies toward the therapist. Among them was one which was the quality of a transference of the neurosis into the relationship to the therapist. It was that Jay threatened the therapist that a woman (Cornerstone teacher) would cut off the therapist's head with an axe.

An impressive feature of work with this child was the continuity of his communications from session to session. This was true before and after his father's death. He would sometimes work on a theme (such as pinching-castration anxiety-wanting to be a girl-wanting to terrify boys in the classroom) for weeks or months with little interruption.

(b&c) In regard to the criteria of "deepening" and "well-established" analytic work:

The remaining two groups of criteria appear substantially in evidence in Jay's Cornerstone treatment. We have not yet completed documentation of them, partly because of the mass of data from the seventeen other children. The following is considered substantial although incompletely presented evidence that features of a psychoanalysis were occurring as in a deeply and well-established, as well as successful regular child analysis.

Development of insight: Toward the end of his second year of Cornerstone work, Jay, who had suffered from considerable amount of transvestist behavior, developed a deep insight concerning one aspect of his transvestism. This was in addition to a number of small items of insight previously developed. He stated his insight to the therapist while playing a game in which he pretended to be a crab: "Dr. Kliman, the reason I pretend to be a lady is that the lady and the pinching crab are connected in my mind. If the crab pinches off the boy's penis then I want to be a lady because the crab gives the penis to the lady, and if I am the lady I would have my own penis and I don't have to go without a penis."

The presence of such a process involving thoughtfulness and insight concerning the symbolic features of his transvestist behavior would usually not occur in a six year old boy unless he were being psychoanalyzed. In this regard, the Cornerstone method appears to replicate features of an analysis.

Prior, there were several interpretations made to the child concerning feminine behavior and transvestist dressing. He had begun to understand his fear of cracks as originating from a fear of female genitals. He had become clearly conscious of his current and historical fears of his mother, including the specific fear that she would pinch off his penis. This latter had been interpreted to him as partly a product of his mother's former custom of pinching his behind black and blue.

Genetic interpretation: Jay produced historical material of important relevance to his problems. An example is found in the following episode: The therapist, observing to Jay that Jay

was demanding many supplies from the teachers and acting "hungry" to get supplies in a big hurry, added that Jay seemed "hungrier" for supplies today than usual. He also talked with Jay about Jay's having trouble when older children were getting attention from the teachers--which made Jay get even "hungrier." Jay was now five years old and had a two year old sister. The therapist interpreted to Jay that it must be hard when he has to watch Mommy being nice to Erica.

Jay became reflective, and said he could remember when Erica was born, and that Mommy was very nice to Erica. He had a far-away look in his eyes, and the therapist surmised that a process of reminiscence had been set in motion. Encouraging Jay to communicate, the therapist learned that Erica had been breastfed by the mother. Jay was now remembering watching Erica and his mother breastfeeding her. "I always wished she would let me do that. But you know what my Mommy would do if I tried? She would have killed me!"

Jay was helped to understand the naturalness of his desire to try the breast, and to moderate his dread of mother's ferocity--keeping in mind, however, that she did act fiercely at times.

There were good results, with further diminution of his aggressive destructive acts towards his younger sister, and increasing tranquility. It was an historical fact that the patient's aggressive, destructive behavior had begun with the birth of his baby sister. This became a vital part of his treatment as he became aware of one cause of his animosity--the jealousy of sharing his mother's affection and his wish to suck at her breast. Interpretation of connections to jealousy in the classroom setting was very helpful in showing Jay the continuity of his emotional life.

Interpretation of oedipal themes in the transference: Jay developed strong transference to one teacher, and at times called her "Miss" instead of "Mrs." This slip was interpreted mainly from the point of view that if the teacher were not married, then Jay could more easily think of marrying her himself. Jay then began to verbalize his fantasy that the therapist and the teacher were married.

Multi-faceted interpretations and responses: At a later point in his treatment Jay made spontaneously denying statements such as, "I would not want to marry the teacher, you know." He listened carefully to the therapist's suggestion that perhaps Jay was afraid of what being married to her would be like, after having thought it might be nice. Jay thought about this quietly, and had little to say. He was reminded by the therapist that in

the first year of treatment, Jay had the idea that his teacher might cut off the therapist's head if she were angry at the therapist. A few moments later, Jay came back to the therapist, saying, "Dr. Kliman, it's that I'm afraid she'll slip my penis off."

Jay's fantasies of women's ability to harm and remove the man's genitals were an important, complicated, and frequent theme in his treatment before the moment just reported. He had, a few months earlier, reported an idea that was playfully expressed--to the effect that in the basement storeroom of the school was a bucket in which lots of penises were kept. An exploration of the fantasy led to the detail that the teachers had acquired these penises. Furthermore, it was learned that Jay had the idea that each woman has a penis of her own which she only takes out when she urinates. Some women, he explained, could have lots of penises inside them. The therapist suggested to Jay that the ideas were connected, and that women he thought of having lots of penises were women he thought of as collecting penises from men, from whom they had taken the penises. Even the teachers, whom he liked so much, couldn't be trusted because they might take penises off men and collect them in a container in the school basement.

Changes in symptoms and character: There was marked improvement of Jay's behavioral and neurotic problems:

1) Transvestist behavior ceased after one year of treatment and has remained absent for two and one half years to date.

2) Dangerous assaults on his sister have ceased for about two years to date.

3) Social behavior in the neighborhood has ceased to be a source of neighborhood parental complaint, and ostracism by other families has passed. Friendships are developing.

4) Jay's judgment improved and impulsiveness diminished.

It is the therapist's impression that various serious neurotic problems remain, including mild phobic symptoms, and excessive magical thinking. There are some diffident, possibly inhibited attitudes toward learning experiences as Jay enters second grade in a non-therapeutic school. But overall, the results are better than the same therapist would have expected from analysis of the child by regular means over a two year period. Furthermore, these positive results are in the face of

a new, potentially pathogenic experience. The child's father was unexpectedly killed in a train crash after the treatment was underway. The vicissitudes of Jay's reactions to that loss are the subject of another report. It is of interest to note here that his transvestist behavior and fantasies of female dangerousness preceded the death of his father. Exaggerations of his fantasies of female dangerousness occurred after his father's death and were interpreted as related to his former ideas that a woman would kill a man.

Jay remains in treatment now on an infrequent and individual basis. It is hoped to learn Jay's later fantasies and responses to his two years in the Cornerstone Project.

The Cornerstone Project and its use of psychoanalytic technique has undertaken another task during the five years in which the work has been developing. That task is to consider two questions: 1) whether the results described were special for the kind of child treated and 2) whether the results were special for the particular therapist who originated the method. The answers to both questions are encouraging, and will be presented in other reports.

As part of the Cornerstone process, teachers meet with the therapist almost daily to share and dictate about observations and communications received from parents, as well as to hear the material from the treatment process which they may not have overheard in the class session. This was especially true in the first two years, and as a result we have many reasonably complete day to day protocols on many of the children in the Cornerstone Project, including interpretations made, and reactions to interpretations.

In later publications, reports on children with bereavement experiences, developmental lags, severe ego deviations, psychosis and various neurotic problems will show a spectrum of Cornerstone method applications.

Conclusions: It has been our impression that some aspects of analytic treatment have been found evident and even enhanced by this new and unorthodox method. Our preliminary impression has been corroborated to some extent by independent observers. In order to more definitively and scientifically evaluate what happens with this method, we have evolved a set of criteria for codifying aspects of the treatment process. These criteria are appended and their use will be presented in subsequent articles along with the application of these criteria to previously published regular child and adult analyses.

The question of whether any treatment contains elements of a psychoanalysis is an interesting, practical, as well as scientific one. As one consequence of asking the question, we could be led to attempt to systematically not only better define the differences among therapeutic methods but also difference in treating children of various developmental stages by a given method. The major gross practical question of clinical effectiveness of any method must also be supplemented by fine dissecting out of what factors are at work in a treatment which is effective.

Cornerstone appears to be an effective treatment. The clinical efficacy of this method may be partly due to rich material being right at hand for interpretation immediately when it occurs in relation to peers, adults and materials. Also, very intense transference reactions occur in this method and can be worked with very usefully. Other factors seem to recommend this method. There appears to be considerable social, intellectual and educational gain as well as symptomatic improvement. Perhaps these gains are due to a synergism between education and treatment. More will be said of these aspects in a later article on pseudo-retarded children who have responded well to the Project's help.

Once the need for documentation of the method as a research project is over, there will be a great economy of personnel in utilizing Cornerstone. In a relatively few hours of therapeutic time and teacher time, many children can be treated intensively.

One therapist and two teachers could carry on the intensive treatment of a total of twelve to sixteen children (six to eight children in each half day nursery school session). This number of children is greater than the total number of preschool children being given intensive psychotherapeutic or psychoanalytic treatment in a wealthy, psychiatrically well-endowed area such as Westchester County. A study by the Child Psychiatry Committee of the Psychiatric Society of Westchester showed about a half dozen preschool children out of a population of 60,000 preschoolers were receiving multi-session intensive psythotherapy or analysis. ( )

It is also our impression that as a preventive measure, intensive treatment is desirable for many preschool children who are bereaved or otherwise subjected to highly pathogenic influence. But preventive treatment where a stressed child is not currently showing severe symptoms is very rare, despite the weight of statistics showing greater incidence of adult illness after childhood stress such as bereavement. We dare hope that if it is indeed possible to effect a "multiplier" of therapeutic time utility, we will be that much closer to the dream of practical preventive measures.

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CRITERIA

___Check here if this is a predictive rating rather than a treatment session rating.

Child's Code Name:_____
Group Number:_____
Daily Protocol Date:_____

If Data is from weekly teacher-parent conference:Date:_____
If Data is from monthly analyst-parent conference:Date:_____
(Indicate T-P or A-P in right hand margin if criterion rating comes from that source.)

CRITERIA CHECK LIST: Please mark a zero in the left hand column if a criterion is not satisfied in the material studied.

YES NO If "YES" indicate slight, moderate, strong (1), (2), (3), as degrees of certainty that the criterion is satisfied in the material. Give supporting data item location numbers from the protocol (when possible), just below the degree marks.

(1) (2) (3) (0) Group A: Criteria of "Preparatory Phenomena" (1-7)

1. Child gives evidence of understanding the analyst's work is to help him with some emotional problem with which the child wants help.

2. Analyst's observation of child's interpersonal action, when shared with the child, leads the child to talk with the analyst about his inner life more than earlier in the session, or leads to more communication through sublimative activities.

3. Child brings the analyst a fantasy, a dream, or a thought about current or past anxiety, guilt, symptom or problem.

4. Presence of transference phenomena; for example, affective reaction to analyst's arrival or departure, evidence of love or aggression toward the analyst in marked degree, curiosity about intimate details of analyst's life (unless such curiosity is widespread for the particular child under other circumstances also)... Slips, dreams, fantasies or play activities indicating linkage of analyst to mental contents regarding a major real life object.

5. Confrontation of patient with existence of a conflict or conflict related mental events leads to alteration of the behavior or other expression of mental events.

YES NO

6. Marked thematic continuity of child's communication from the previous session, in a child whose behavior is not ordinarily stereotyped or thematically constricted.

7. There is a dialogue between analyst and patient about the patient's psychological functioning in any area.

Group B: Criteria of deepening analysis (1-5)

1. Work on a dream leads to a day residue, or expression of wish, memory, or affect not apparent earlier in the treatment; or leads to shared scrutiny of defenses or shared scrutiny of transference material.

2. The child responds to the analyst's interpretations with some elaboration on the theme which is contained within the interpretation or develops a new theme which casts light upon and provides further understanding of the psychological area with which the interpretation was concerned.

3. Interpretation of a resistance leads to freer communication.

4. Patient's associations or play indicate some increased consciousness of relations between his current anxiety and elements of his personal history.

5. Presence of transference neurotic phenomena.

6. A generalizing effect is noted in response to any interpretation. For example, if an interpretation about a child's conflict in regard to waiting to be fed has a beneficial effect on his waiting to be fed but also has a beneficial effect on his waiting in turn at games, tolerance for frustration of requests for non-food supplies, or reduction of some other tolerance related problems, this would be regarded as evidence of a generalizaing effect of an interpretation.

Group C: Criteria of well established analysis (1-24)

1. Interpretation of conflict solution by defense of repression or reversal of affect leads to emergence of defended-against affect.

YES NO

2. Interpretation of conflict in which the defense is turning passive into active leads to dealing with the passive wish or memory of some related historical experience in play or verbal communication.

3. Interpretation of conflict in which denial is the defense leads to some dealing with the defended against impulse, affect or memory.

4. Interpretation of avoidance leads to some dealing with the defended against perception.

5. Interpretation of repression leads to some uncovering of memories.

6. Interpretation of distortions of memory lead to some correction.

7. Interpretation of conflict solution through a regressive phenomenon leads to more age-appropriate behavior or fantasy.

8. Interpretation of a premature progression leads to more age-appropriate behavior or fantasy.

9. Interpretation of reaction-formation leads to some expression of defended against impulse in derivative or undisguised form.

10. Interpretation of projection leads to some recognition of impulse by the patient as his own.

11. Interpretation of isolation leads to some appropriate action or affect in regard to the experience or memory under analytic scrutiny.

12. Interpretation of undoing leads to some recognition of the original aim in discussion or expression of the impulse in a less defended form.

13. Interpretation of introjection leads to some reduction of manifestations of the introjected object or part object in fantasy, action, or character.

14. Interpretation of turning against the self leads to some turning toward the original object of impulse, or toward related objects.

YES NO

15. Interpretation of altruism leads to expression of the defended against impulse.

16. Interpretation of any defense leads to use of a less pathological form of defense.

17. Use of sublimation of any impulse follows interpretative work regarding any other defensive process concerning that impulse.

18. Interpretation of a conflict leads to some shift in the psychosexual theme of the patient's communications; for example, from urethral theme to genital theme. The shift may be in either direction, progressive or regressive.

19. Patient develops understanding of relation between transference and his feelings about major life objects; or interpretative work on transference phenomena leads to more adaptive relationship with a major life object.

20. Patient brings material about connection between current object relations problems and past object relations problems.

21. Patient's associations or play indicate some increased consciousness of relations between his current anxiety and defense against current impulses.

22. Patient develops understanding or increased consciousness of relationship between his symptoms (or behavior problems) and symbolic representation of current or historical conflicts.

23. Alterations of character emerge in connection with interpretation and/or working through of insight; especially alterations which are psychosexually progressive and alterations which are in the direction of age-appropriateness.

24. Alterations of character emerge in connection with interpretation and/or working through of insight with evidence of improved flexibility and resourcefulness of adaptation to existing social tasks, external frustrations and discharge opportunities.